

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JOYCE A. HORTON and DEPARTMENT OF VETERANS AFFAIRS,
VETERANS ADMINISTRATION MEDICAL CENTER, Durham, NC

*Docket No. 98-1025; Submitted on the Record;
Issued December 9, 1999*

DECISION and ORDER

Before MICHAEL J. WALSH, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant sustained a medical condition in the performance of duty causally related to factors of her federal employment.

On April 1, 1996 appellant, then a 49-year-old medical clerk, filed an occupational disease claim alleging that she sustained an injury to her neck, shoulders, arms and lower back which she attributed to factors of her employment. She alleged that her condition was caused by having to answer telephones without a headset while using a computer at the same time and also by having an uncomfortable chair.

By decisions dated August 27, 1996 and January 8, 1998, the Office of Workers' Compensation Programs denied appellant's claim for compensation benefits on the grounds that the evidence of record failed to establish that appellant had sustained an injury causally related to factors of her employment.

The Board finds that this case is not in posture for a decision.

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his or her claim.² The claimant has the burden of establishing by the weight of the reliable, probative and substantial evidence that the condition for which compensation is sought is causally related to a specific employment incident or to specific conditions of the employment. As part of this burden, the claimant must present rationalized medical opinion evidence, based upon a complete and accurate factual and medical background, establishing causal relationship.³ However, it is well established that proceedings

¹ 5 U.S.C. §§ 8101-8193.

² *Ruthie M. Evans*, 41 ECAB 416, 423-24 (1990); *Donald R. Vanlehn*, 40 ECAB 1237, 1238 (1989).

³ *Brian E. Flescher*, 40 ECAB 532, 536 (1989); *Ronald K. White*, 37 ECAB 176, 178 (1985).

under the Act are not adversarial in nature, and while the claimant has the burden to establish entitlement to compensation, the Office shares responsibility in the development of the evidence.⁴ The Office has an obligation to see that justice is done.⁵

In reports dated May 9, 1996, Dr. Roslyn Padgett, a family practitioner, diagnosed myofascial pain. She indicated that sitting for prolonged periods at a computer terminal could increase muscle tension and cause pain but that she could not determine whether appellant's equipment at work had caused her condition. She recommended that appellant's work area be evaluated for ways to reduce neck flexion and that she also reduce her stress level.

In a report dated July 18, 1996, Dr. Craig Hoffmeier, a Board-certified family practitioner, noted that a magnetic resonance imaging (MRI) scan had revealed mild osteophyte formation at C4-5 and that an electromyogram revealed evidence of a chronic neuropathy.

In a report dated June 25, 1996, Dr. George B. Brothers, Jr., a Board-certified rheumatologist, diagnosed myofascial pain and mild median nerve entrapment and indicated by checking the block marked "yes" that the condition was causally related to appellant's employment.

In a report dated September 18, 1996, Dr. Brothers stated that appellant had cervical degenerative disc disease with myofascial pain. He stated:

"[Appellant] does seem to have arthritis of the cervical spine with degenerative disc changes. This condition, given the stress its placed on her neck with cradling of the [tele]phone ... may have induced her neck and right arm symptoms. Muscle tightening and spasm is a consequence of the above-described pathoanatomy."

In a report dated October 15, 1997, Dr. Brothers stated his opinion that appellant's pain was secondary to a myofascial etiology and that an MRI scan demonstrated degenerative disc changes. He stated:

"[Appellant] suffers with a myofascial pain syndrome involving a shoulder girdle musculature and right-sided neck musculature in the muscle groups described above. She has underlying cervical disc degeneration with bony reactive changes that have caused narrowing of the neuroforamina. Intermittent nerve entrapment may occur by further narrowing the neuroforamina with head and neck position.... It follows, that the position that [appellant] used to answer the [tele]phone in the performance of her job duties ... was a contributing factor in symptom generation."

The Board finds that the medical evidence of record, while insufficiently rationalized to establish that the diagnosed condition of myofascial pain syndrome is causally related to appellant's job, does provide support that factors of her employment, including the stress placed

⁴ *Dorothy Sidwell*, 36 ECAB 699, 707 (1985).

⁵ *John J. Carlone*, 41 ECAB 354, 360 (1989).

on her neck by having to cradle a telephone with her neck while using her hands to work on a computer, may have at least aggravated her cervical degenerative disc disease and arthritis, causing the myofascial pain condition, and is sufficient to require further development by the Office.

The Office should prepare a statement of accepted facts and refer appellant, together with the statement of accepted facts and the medical records, to an appropriate specialist for an examination of appellant and a rationalized medical opinion as to whether the myofascial pain syndrome was caused or aggravated by factors of her employment. After such further development as it may deem necessary, the Office shall issue a *de novo* decision.

The decision of the Office of Workers' Compensation Programs dated January 8, 1998 is set aside and the case is remanded for further action consistent with this decision of the Board.

Dated, Washington, D.C.
December 9, 1999

Michael J. Walsh
Chairman

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member